

A I D S TREATMENT N E W S

**Issue Number 421
November/Dec.
2006**

Published by
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AIDS Treatment News
1233 Locust St., 5th floor
Philadelphia, PA 19107
800-755-7512

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AIDS Treatment News

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Statement of Purpose:

AIDS Treatment News reports on experimental and standard treatments, especially those available now. We interview physicians, scientists, other health professionals, and persons with AIDS or HIV; we also collect information from meetings and conferences, medical journals, and computer databases. Long-term survivors have usually tried many different treatments, and found combinations that work for them. *AIDS Treatment News* does not recommend particular therapies, but seeks to increase the options available.

Subscription Information: Call 800-TREAT-1-2

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Individuals: \$140/year, or \$80 for six months.

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Please send U.S. funds: personal check or bank draft, international postal money order, or travelers' checks. VISA, Mastercard, and purchase orders also accepted.

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The Kaiser Family Foundation and mtvU announced a contest for the best concept for a Web-based video game "to help raise awareness about HIV/AIDS among 15-24 year olds in the U.S. and to promote personal action in response to the epidemic."

***AIDS Treatment News* Current-News Alert Service: You Can Help Us Improve It.....**

This 7-question survey will help us improve our new service at www.aidsnews.org/now. We most want to know if you would prefer separate feeds for certain categories of news.

AIDS News Feeds: The Future.....

How news feeds can advance biomedical research -- as well as helping people follow specialized news.

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***AIDS Treatment News* Current-News Alerts, www.aidsnews.org/now**

by John S. James

AIDS Treatment News selects current newspaper stories, medical-journal abstracts, and other online information, and posts clickable headlines, descriptions, and comments at **www.aidsnews.org/now** -- an average of several stories per day. You can follow the AIDS news we think is most important for our readers by visiting once or twice a week to scan the headlines -- or visit when you want to find out more about a story in the news. (Our previous name for this page, <http://www.connotea.org/group/aidsnew>, still works.)

Comment on Other Uses: Besides helping people keep up with specialized information, this kind of news aggregation will help prevent important research from being "lost" -- published but not followed up due to information overload and lack of professional attention. One person part

time with no funding can alert members of knowledge communities worldwide to critical but indirectly related developments they might otherwise miss -- by combining news from almost anywhere on the Web, making it easily accessible in one place. For more information, see "AIDS News Feeds: The Future," below in this issue.

New Approach to Mental Health: Interview with Jeff Hoeltzel, Community Living Room

by John S. James

The unique Community Living Room in Philadelphia was selected as a model adult mental health day program, both locally and nationally in the U.S. It serves people with a mental health diagnosis who are HIV-positive. Jeff Hoeltzel, M.Sc. and a licensed psychiatric rehabilitation practitioner, built the CLR during the almost 12 years he directed it. He will be leaving in February 2007, and the staff he trained will continue the organization.

AIDS Treatment News interviewed Jeff on January 10, 2007. Because of its importance we are publishing the whole interview online for the record, and a shorter version below due to space constraints. The full interview is at <http://www.aidsnews.org/2007/02/clr-philadelphia.html>.

AIDS Treatment News: Could you outline the guiding philosophy of the Community Living Room, how it started, and the recognition it has received in the mental health field?

Jeff Hoeltzel: The Community Living Room is the first thoroughly community-based mental health HIV program in the United States -- meaning that it is not part of a hospital or university providing mental health services, or within an HIV agency with a few counselors. The whole focus here is on the mental health HIV client.

CLR was started with a grant from the U.S. National Institute of Mental Health to the city of Philadelphia in 1995. The grant was awarded to 11 cities in the United States in the first go-around, to look at whether there was a need for specialized mental health services for people with HIV -- or should we put these clients into the regular public mental health system. In Philadelphia this project was looking to serve low-income people, and those who often don't seek out services. In the other 10 cities the programs were attached to institutions such as universities or hospitals. Philadelphia did something different, and asked COMHAR (<http://www.comhar.org>) to set up a freestanding community-based service. ...

How CLR Works: The Three Pillars

We wanted to do a couple things differently than traditional mental health services. We needed to engage people who are very difficult to engage, because many times they are on the outskirts of the society, sometimes because of stigma of HIV, sometimes mental health, or sexuality issues; often they are rejected by families and social circles. I decided not to go any traditional route, but to reach out, to deal with their pain but also their joy and their possibilities.

After first coming here I talked with every client I could individually, and discovered how isolated people felt, how alone they had felt beforehand, and how they thought they were going through things uniquely.

So one of the pillars was how to help people build relationships, connect, and network -- that had to be one of the major goals we had in this program.

The second pillar is achievement. People with mental health issues often have what we call in psychiatry learned helplessness; they feel that they are not able to do anything. They had HIV added onto that, and it was before protease inhibitors, so people had the specter of death looming, and many had given up. I wanted accomplishment to be the 2nd pillar, so

/D

that people could achieve and get rewards for doing so, both internally and externally. We built on a theory of successive successes -- that no matter how small the success we could build on it, but let's help people find something that in a couple weeks they could achieve.

The third pillar is to build empowerment. The first step in empowerment is knowledge. So we want the Community Living Room to be a place where people can come in and share knowledge, and members (clients) can share knowledge with each other. But there are many smart people who are not empowered. You cannot empower people, only provide the tools so they can empower themselves.

Many people needed the skills to use their knowledge to their advantage. So we had to design services that also taught skills. But many skillful people are still not empowered. So we had to help instill motivation to use the skills and knowledge to their benefit.

Two other principles evolved...:

(1) We needed a program not based only on problems. Psychiatry is so problem-oriented that people are not aware of strengths and wellness. When I would do an intake, people could often talk for a long time on their problems. But when I asked them to tell me about their talents and strengths, how quiet they were! They were so quiet, yet they all had talents and strengths.

So I wanted to do a more holistic program -- one that involved peoples' talents, and the creative arts, and presented different ways they could get involved in HIV and other treatment.

On complementary therapies, I may not agree that all of them are equally important (herbal therapy, aromatherapy, massage, among many others) but we wanted to present this approach. We wanted to have art, music, dance, writing, and drama -- because people are more than HIV, more than mental health, more than their labels. So we developed a holistic approach.

(2) The second addition that became like the fifth pillar was community integration. People come here, and we work hard to make the space look attractive, inviting, and engaging. But I didn't want a sanctuary from the real world; I wanted windows to look right out on Philadelphia streets. Those same streets that held difficulties before also hold promise here in Philadelphia.

I wanted a program that sent people out into the world to live. We're the Community Living Room, and I wanted to highlight living in the world, not just in the program. So we provide opportunities, and help people find different niches in the world than they ever found before -- sometimes to find a job, sometimes volunteer work, and sometimes committees. We have almost 25 clients on committees in the city, from mental health, to HIV, to drug and alcohol, and gay/lesbian/bi/transgender committees. People are involved in the theater, in sports, everything we can do to integrate them more in the community.

For example, the members who work on the Community Living Room newspaper have passes to the Flyers, to Penn, to Temple. Our reporters can even interview players in the locker rooms after the game -- anything we could do to integrate people into the wider community.

So the three pillars and those two additions have become the guiding tenets. Members and staff working together are a community.

We forged this together. People began to do many new things in life, even if their life hadn't been going anywhere, and they keep doing new things.

We tried to aid this with a space that looked different from your typical clinic. I want art on the walls, and different colors; we are a community of many colors here. I want fountains, and murals by members in the art group, sculptures. I don't want furniture that's institutional, so we found things like a Viennese canopy lamp, southwestern lights, medieval gothic

chairs, anything that can add to the atmosphere, to support all this.

We've also made it so you can come right in to the program; we don't have a guard or anything. It's rare for a program not to have a front desk, but people didn't like being questioned right away. ...

We have a huge multicultural day in February, to celebrate culture in general as well as African American culture. Every year we have a special African American performance or presentation. Last year for example we had a poet from Liberia; the year before, we heard Raymond B. Webster, a major writer on Black scientists and inventors. We then may follow up with something like Brazilian dancing or Caribbean rhythms. We had a Serbian lunch, catered by a Serbian restaurant; the year before we had a Burmese luncheon. Then we had a cultural Jeopardy game. Every year is different. We have a talent show that attracts hundreds of people; celebrity guests judge it, as members perform; it's jammed, it's awesome.

And we have a formal Spring Tea. Many Philadelphians have teas in the spring, so we have one in May to celebrate new life beginning. We have classical music every year, people dress up, we elect a king and queen, we have a promenade in, and a whole tea table of different pastries and tea sandwiches. People love it.

We have a trip every year. Where do we go on a trip? We go wherever people don't usually go. We do not go to go to the amusement parks; people have other options for that. We do not go to malls; this is not a shopping trip. So each year we usually do something uniquely different. This year we went to the Museum of American Glass in Millville, New Jersey, and saw old-fashioned glass making. We had a seafood lunch down at the shore, and then we went on the world's fastest speedboat from Wildwood for an hour and a half on the ocean. Each year it's a different trip of something unique to do.

So throughout the year we have many highlights and special things to bind us together and to remind us.

Those are the special activities. But it always comes back to our core services and goals, in networking people, achievement, and providing the building blocks for people to empower themselves. ...

Funding

We do have to take insurance, although we always serve a couple of people free as well. The insurance that we take is the City-sponsored CBH (Community Behavioral Health) insurance. No other insurance will reimburse us, because we're so different, so unique; they want the traditional program, all talk groups that are problem-based. CBH has kindly and supportively agreed to reimburse. In the City of Philadelphia, the Department of Behavioral Health has been outstanding in supporting us. And of course so has our parent agency, COMHAR. ...

Recognition of the Community Living Room

The city of Philadelphia, and the U.S. Department of Health and Human Services in Washington, have wanted to transform community mental health services. ... The idea was to provide different, more creative, empowering, networking, achieving, services for people. The Philadelphia administration brought in experts ... to transform Philadelphia. They looked around and saw that the Community Living Room was already doing it. ... So suddenly we were picked as the model day mental health program for the whole city of Philadelphia, even though we happen to be only for persons with HIV. ...

We were selected as Program of the Year in the United States by the National Council for Behavioral Health... We also received state and local awards. We can never take those awards and just sit back and think that we don't have to change or grow. We have to keep listening, keep finding creative ways to serve people, and never rest on laurels or bask in the glow of recognition.

/Dc New people aren't coming here because
800-TREAT-1-2

of the awards we've received, like going to a restaurant because of a five-star review. They don't want to have mental health issues, they don't want to have HIV, they don't want to be homeless, or have drug or alcohol issues. We have to strive to always improve our services. The awards have been nice, they've helped in funding, and the members love them, but they are not our purpose.

In a nutshell, that is our little corner of the world here at the Community Living room in Philadelphia.

FUZEON: Avoiding Injection-Site Reactions

On January 31 the FDA announced that the FUZEON (enfuvirtide) package insert had been changed to include precautions to avoid injection-site reactions, either using a needle, or the Biojector(r) 2000 needlefree injection system. For example, here is one place where changes were made (this is from the new version):

"Patients and caregivers should be instructed on the preferred anatomical sites for administration (upper arm, abdomen, anterior thigh). FUZEON should not be injected near any anatomical areas where large nerves course close to the skin, such as near the elbow, knee, groin or the inferior or medial sections of the buttocks, skin abnormalities, including directly over a blood vessel, into moles, scar tissue, bruises, or near the navel, surgical scars, tattoos or burn sites."

The changes are at:

<http://www.fda.gov/oashi/aids/listserve/listserve2007.html#013007>

And the complete revised prescribing information is at:

<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?id=2705>

Sustiva: Revised Drug-

Interaction Information

On January 31 the FDA announced that the Sustiva (efavirenz) package insert had been changed "to include drug-drug interaction information regarding coadministration of efavirenz with rifampin, diltiazem, itraconazole, voriconazole, atorvastatin, pravastatin, simvastatin, pimozide and bepridil."

The complete list of changes is at <http://www.fda.gov/oashi/aids/listserve/listserve2007.html#13107>

And the complete, revised prescribing information for physicians (and other information for patients) is at <http://www.sustiva.com>. (Click "Full U.S. Prescribing Information" to download a PDF file -- and change the ending of the file name from .pl to .pdf is necessary.)

Prisoner Death Rate Very High Immediately After Release

by John S. James

A study of over 30,000 recently released prisoners (regardless of HIV) in Washington State found that they had a 3.5 times increased risk of death after release than other residents of the state, much higher than the death rate in prison. [1] The first two weeks after release were particularly dangerous, with a risk of death 12.7 times that of the general population.

The three leading causes of death were drug overdose (103 deaths, a quarter of all the deaths), cardiovascular disease (56 deaths, 10 of them from a heart attack), and homicide (54 deaths). Suicide, cancer, and traffic accidents also caused many deaths.

The risk of death from overdose during the two weeks after release was **129 times** the risk in the general population.

The article noted that death might have occurred because prisoners lost their tolerance to the drugs due to relative abstinence in prison (so doses they took before prison might kill them when they got out, because then they were not used to such high doses).

"Possible interventions after release include providing intensive case management during the period immediately following release and improving access to and continuity of medical and mental health care." [1]

Comment

Even when funding for proper prisoner re-entry cannot be found, the huge overdose risk shortly after release might be reduced by educating drug cultures. Explain that people can die after taking a customary high dose of cocaine, meth or other stimulants, heroin, other narcotics (including methadone, responsible for 18 deaths in this study), tricyclic antidepressants (Elavil and many others), and some other prescription drugs, after being off of the drug for a time. Interaction with HIV drugs (especially ritonavir, including the smaller combination doses) can cause severe overdose of some drugs.

Marijuana (not mentioned in this research report) is different, as no one has ever been known to have died from an overdose. [2] In contrast, a large overdose of water can be fatal -- a serious risk when people drink enormous amounts trying to pass a drug test.

References

1. Binswanger IA, Stern MF, Deyo RA and others. Release from prison -- A high risk of death for former inmates. *New England Journal of Medicine*. January 11, 2007; volume 356, number 2, pages 157-165, <http://content.nejm.org/cgi/content/abstract/356/2/157> (Note: the Feb. 1 correction in *NEJM* does not affect the *AIDS Treatment News* article.)

2. Editorial. Comparing cannabis with tobacco -- again. *British Medical Journal*, September 20, 2003, <http://www.bmj.com/cgi/content/full/327/7416/635>

Herzenberg Wins Kyoto Prize for Cell Sorter

Leonard Herzenberg, Ph.D., professor of genetics at Stanford University, received the Kyoto Prize, often called the Japanese version of the Nobel Prize, for developing the fluorescence-activated cell sorter (FACS), the machine that measures patients' CD4 cell counts, and many other cells for research. The same machine can physically sort rare blood cells such as stem cells into a separate compartment, where the living cells can be cultured for research or treatment. The dean of Stanford's School of Medicine called FACS "one of the most important medical devices ever developed."

Dr. Herzenberg received the prize November 10, 2006, at a ceremony in Japan. "I only wish it were possible to be shared with my wife and lifelong colleague, Leonore Herzenberg," he said. Leonore Herzenberg, Ph.D., is also professor of genetics at Stanford. The Kyoto Prize, for contributions to humanity as well as to science, is awarded to one individual in each research team.

The Herzenbergs may be familiar to readers of *AIDS Treatment News* for their studies of NAC (n-acetylcysteine) to restore antioxidant protection by correcting glutathione deficiency in HIV disease. NAC is also being studied in treatment of many other conditions, from bacterial meningitis to cocaine dependency.

For more information, see:

<http://news-service.stanford.edu/news/2006/november15/med-kyoto-111506.html>

<http://news-service.stanford.edu/news/2006/june14/herz-061406.html>

http://siarchives.si.edu/research/videohistory_catalog9554.html

(Note: the third link is to the Smithsonian Institution, describing its collection of videotapes on the development of FACS.)

Contest for Best Video Game Concept Against AIDS, Deadline March 16

On January 25, 2007, the Kaiser Family Foundation and mtvU (MTV's college network) announced a competition to design the best viral, Web-based video game concept "to help raise awareness about HIV/AIDS among 15-24 year olds in the U.S. and to promote personal action in response to the epidemic." The winner (individual or team) will receive \$5,000 and be able to work with KFF and mtvU, who have committed \$75,000 to development and marketing of the game. This contest is open to current full or part time college and university students at least age 18.

The deadline for submitting the concept is March 16. For more information visit both

http://www.mtvu.com/on_mtvu/activism/hivchallenge/game/

and

<http://www.kff.org/hivaids/phip012507nr.cfm>

Comment: We would design a relationship training game based on real data and expertise. Let players fly through different relationship spaces at their own speed, learning dating customs and personal skills to help them get what they want socially while reducing HIV risk. Personal effectiveness and infection risk ratings (computed from choices the players made in the game) would show instantly on a display. The session might conclude with the spin of a roulette wheel color-coded to represent the risk of a new HIV infection from the adventures they had -- and projected graphs such as future life expectancy and medical expenses would change accordingly.

The next step, maybe for a later edition, would allow a player to invite a friend located anywhere into structured, two-person scenarios. Eventually there could

be a massively multiplayer game space for singles or couples who wanted it. And AIDS prevention organizations could have a presence in the game.

Feel free to use these ideas as you wish. We are not entering the contest.

AIDS Treatment News **Current-News Alert** **Service:** **You Can Help Us Improve It**

AIDS Treatment News recently started a free service at www.aidsnews.org/now -- we watch for developments and post titles and Web links to newspaper stories and journal articles that we think our readers will find interesting. Sometimes we comment on the news. We select an average of several new articles a day; sometimes they appear on our site on the first day the story is reported anywhere.

To read the news, visit www.aidsnews.org/now and scroll down as necessary to see the 10 most recently posted stories, in the center column on the page. To get more stories, you can click the buttons either at the beginning or the end of the first 10. Note: we are using the Connotea service of Nature Publishing Company (which publishes *Nature*, *Nature Medicine*, and dozens of other journals).

Let Us Know What You Want

You can help us improve this service by answering as many as you want of the following questions. Email the answers to aidsnews@aidsnews.org -- or mail them to *AIDS Treatment News*, 1233 Locust St., 5th floor, Philadelphia PA 19107, before the end of March 2007. Just write the answers in an email or on a piece of paper -- no need to copy the questions, but include the question numbers 1-7 so we know which question you are addressing. We will read all the replies but cannot answer them all individually.

1. So far we have included newspaper stories written for everyone, and also journal abstracts or full-text articles written for medical professionals. Should we make this service **easier to read** by putting these onto different Web pages?

2. Are there any kinds of news or other articles that you want to see **more** of, on www.aidsnews.org/now? List the 1. 2. or 3